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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a 371 of PCT/SE99/01354 08/09/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 SWEDEN 9802771-7 08/19/1998

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

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TITLE  
 Transportable apparatus for treating menier's disease

FILING FEE  RECEIVED 565	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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